

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

406

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

COUNTY **Caroline** MARYLAND
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town)
 TOWN **Federalsburg - Rural** LENGTH OF STAY
 (in this place)
 HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS **00 Hurlock Road**

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland** COUNTY **Caroline**
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN **Federalsburg - Rural**
 STREET ADDRESS
 (If rural give location)
Hurlock Road

3. NAME OF
DECEASED:
(Type or Print)

(First) **Mattie** (Middle) **Madeline** (Last) **Callender**

4. DATE (Month) (Day) (Year)
 OF DEATH: **January 16 1956**

5. SEX:

Female

6. COLOR OR
RACE: **White**

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify) **Widowed**

8. DATE OF BIRTH:
March 29, 1870

9. AGE last birthday
85
 yrs

IF UNDER 1 YEAR
 Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired): **Housework**

10B. KIND OF BUSINESS
OR INDUSTRY: **None**

11. BIRTHPLACE (State or foreign country): **Cambra, Pennsylvania** 12. CITIZEN OF WHAT
COUNTRY? **U.S.A.**

13. FATHER'S NAME:

Henry Wolfe

14. MOTHER'S MAIDEN NAME:

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service) **No**

15. SOCIAL SECURITY NO.

None

17. INFORMANT & ADDRESS:

Mrs. George R. Huff, Federalsburg, Md.

18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

IMMEDIATE CAUSE

(A)
DUE TO

Chronic myocarditis

INTERVAL BETWEEN
ONSET AND DEATH

5 yrs

ANTECEDENT CAUSE (S)

(B)
DUE TO

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C)

Mild Diabetes mellitus
Moderate Hypertension

15 yrs
15 yrs

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town)
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year)
OF INJURY

21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

Dec. 21, 1955 to 1/16, 1956 that I last saw the deceased
alive on **1/16, 1956**, and that death occurred at 5:30 PM, from the causes and on the date stated above.
ADDRESS
DATE SIGNED

SIGNATURE

Frank M. Anderson

M.D. **Federalsburg, Maryland 1/17/56**

23. BURIAL, CREMATION, DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State)

REMOVAL

Jan. 19, 1956 Pine Grove Cemetery

Huntington Mills, Pa.

DATE REC'D BY LOCAL
REGISTRAR

REGISTRAR'S SIGNATURE

Margaret H. Frampton

24. FUNERAL DIRECTOR

ADDRESS

J.J. Frampton and Son, Federalsburg, Md.

BUREAU Y. &

JAN 19 1956

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00401

407

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Federalsburg - Rural</u>		MARYLAND LENGTH OF STAY (in this place) <u>3 years</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Houston Branch Road</u>		STATE <u>Maryland</u> COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Federalsburg - Rural</u> STREET ADDRESS <u>Houston Branch Road</u>	
3. NAME OF DECEASED: (Type or Print) <u>Mary</u>		(First) <u>Mary</u> (Middle) <u>Ivy</u> (Last) <u>Currey</u>	
5. SEX: <u>Female</u> 6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <u>Married</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housework</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>	
13. FATHER'S NAME: <u>Henry C. Speare</u>		14. MOTHER'S MAIDEN NAME: <u>Matilda Figgs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>220-12-0156</u>	
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>260X</u> IMMEDIATE CAUSE <u>Antecedent Cause (s)</u> <u>Diseases or conditions, if any, giving rise to the above cause stating underlying cause last.</u> <u>Heart Failure (Adams-Stokes)</u> DUE TO (A) <u>Arteriosclerotic Cardiovascular Dis</u> DUE TO (B) <u>Diabetes</u> DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Pyelonephritis</u>			
19A. DATE OF OPERATION: <u>6-10-55</u>		19B. MAJOR FINDINGS OF OPERATION <u>Pyelonephritis</u>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.) <u>While at work</u> <input type="checkbox"/> <u>Not while at work</u> <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>M.</u>		21E. INJURY OCCURRED <u>While at work</u> <input type="checkbox"/> <u>Not while at work</u> <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? <u>From the causes and on the date stated above.</u>			
22. I hereby certify that I attended the deceased from <u>6-10, 1955</u> to <u>1-14, 1956</u> that I last saw the deceased alive on <u>1-14, 1956</u> , and that death occurred at <u>7:30 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>R.C. Kingsbury</u> ADDRESS <u>Federalsburg</u> DATE SIGNED <u>1-28-56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan. 29, 1956</u> NAME OF CEMETERY OR CREMATORIAL <u>Hick Crest Cemetery</u> LOCATION (City, town, or county) (State) <u>Federalsburg, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>January 28, 1956</u>		REGISTRAR'S SIGNATURE <u>Margaret H. Frampton</u> 24. FUNERAL DIRECTOR <u>J.J. Frampton & Son, Federalsburg, Md.</u> ADDRESS	

BUREAU V. A.

FEB 1 1956

RECEIVED

498

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY

Caroline

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Goldsboro

LENGTH OF STAY
(in this place)

3 Yrs.

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

None

3. NAME OF
DECEASED:
(Type or Print)

(First) William

(Middle) H.

(Last) Francis

5. SEX:

Male

White

6. COLOR OR
RACE:7. SINGLE, MARRIED,
WIDOWED, DIVORCED,

8. DATE OF BIRTH:

9. AGE last birthday

6/2/1888

10. KIND OF BUSINESS
OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT
COUNTRY?

New York

U.S.A.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life.
even if retired)

Steamfitter

10B. KIND OF BUSINESS
OR INDUSTRY:

None

13. FATHER'S NAME:

James Francis

14. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

Yes

15. SOCIAL SECURITY NO.

103-03-2757

16. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE

(A)
DUE TO

Coronary Occlusion 5 hrs.

ANTECEDENT CAUSE (S)

(B)
DUE TODISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C)

Arterial Sclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

none

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

0

INTERVAL BETWEEN
ONSET AND DEATH20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

M.

21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/26/1906, to 1/29/1906, that I last saw the deceased
alive on 1/29/1906, and that death occurred at 11:00 A.M., from the causes and on the date stated above.
SIGNATURE *J. F. Silver* ADDRESS *MD.* DATE SIGNED *1/29/1906*23. BURIAL, CREMATION,
REMOVAL (SPECIFY)
BurialDATE THEREOF
2/1/56NAME OF CEMETERY OR CREMATORIAL
GreensboroLOCATION (City, town, or county) (State)
Greensboro, Md.DATE REC'D BY LOCAL
REGISTRAR 1/31/56REGISTRAR'S SIGNATURE
AC Smith

24. FUNERAL DIRECTOR

ADDRESS

J. E. Boulaud & Sons, Greensboro, Md.

BUREAU V. S.

EEB 3 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-L55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00403

48

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	Caroline Hillsboro	MARYLAND LENGTH OF STAY (in this place)	STATE Maryland COUNTY Talbot CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	6 Mos.		
3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) Westley	(Last) Kellum
4. DATE OF DEATH	1	3	1956
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Male	Col.	Widowed	6/27/1865
9. AGE last birthday	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
95 yrs.	Labourer	Maryland	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Unknown	Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
no	None	Mrs. Grace Kellum, Easton, Md.	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
331X	IMMEDIATE CAUSE (A)	Cerebral hemorrhage	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		Cerebral arteriosclerosis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
M.			
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....M., from the causes and on the date stated above.			
SIGNATURE Kurt Leder		ADDRESS (Street, city, town, state) James Leder Md 46 N 6	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)
Burial		1/6/55 Trappe Cemetery	Easton, MD.
24. REC'D BY REGISTRAR JAN 10 1956		REGISTRAR'S SIGNATURE Mrs. D. O. George	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James B. Dashiell, Easton, Md.
DATE			

U. S. BUREAU

JAN 20 1985

REG. NO. 10354
JAN 10 1968

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:				
COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY (If rural give location)			
HOSPITAL OR INSTITUTION OR STREET ADDRESS	5 yrs	STREET ADDRESS	Ledgely			
3. NAME OF DECEASED: (Type or Print)	(First) EMMETT	(Middle) EDWARD	(Last) MESSENGER			
4. DATE OF DEATH:	(Month) JAN	(Day) 26	(Year) 1956			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:			
M	W	MARRIED	May 26, 1876			
9. AGE last birthday: yrs.	10. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	11. KIND OF BUSINESS OR INDUSTRY:	12. BIRTHPLACE (State or foreign country):			
IF UNDER 1 YEAR Months Days Hours Min.	Mechanic	Auto	New York			
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:					
Hiram Messenger	Mary Jane Telft					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:				
NO		Mr. Lynett Messenger				
18. MEDICAL CERTIFICATION						
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
420.0						
Immediate cause	(a) DUE TO	Arteriosclerotic Heart Disease				
Antecedent causes (s)	(b) DUE TO	Hypertension				
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(c) DUE TO	Falls				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION				
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)	
TIME (Month) OF INJURY	(Day) m.	(Year) 1956	INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from		April 1956		to April 1956, that I last saw the deceased		
alive on		, 1956		, from the causes and on the date stated above.		
SIGNATURE		(Degree or title)		ADDRESS		
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify)		NAME OF CEMETERY OR CREMATORIAL Denton		DATE SIGNED		
DATE REC'D BY LOCAL REGISTRAR		1-28-56		24. FUNERAL DIRECTOR		
REGISTRAR'S SIGNATURE		Mary E. Laird		ADDRESS		
REGISTRAR'S SIGNATURE		Doris Morrison, Denton, Md.				

BUREAU V. S.

FEB 2 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

I. PLACE OF DEATH:

COUNTY

Caroline

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN

Rural Denton

LENGTH OF STAY
(in this place)

3 mos.

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Michael Morris

3. NAME OF
DECEASED:
(Type or Print)

(First)

771 Charles Lane Morris

(Middle)

John

(Last)

John

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE

Md

COUNTY

Caroline

CITY (If outside corporate limits write RURAL and give nearest town)

OR

TOWN

Rural Denton

(If rural, give location)

4. DATE
OF
DEATH

Jan 14 1956

5. SEX:

M

6. COLOR OR
RACE:

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify):

Married

8. DATE OF BIRTH:

Oct 12 1955

9. AGE last birthday:

3 mos. yrs.

10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired):

Infant

10b. KIND OF BUSINESS OR
INDUSTRY:

—

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT
COUNTRY?

USA

13. FATHER'S NAME:

John Morris

14. MOTHER'S MAIDEN NAME:

Isabelle Lester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.:

—

17. INFORMANT & ADDRESS:

John Morris Denton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

19. a. Immediate cause

DUE TO

20. Antecedent cause(s)

Diseases or conditions, if any,

giving rise to the above cause

stating underlying cause last

DUE TO

(a)

(b)

(c)

(d)

(e)

(f)

(g)

(h)

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INTERVAL BETWEEN
ONSET AND DEATH

2. b. 2 mos.

3. b. 4 mos.

4. b. 6 mos.

5. b. 8 mos.

6. b. 10 mos.

7. b. 12 mos.

8. b. 14 mos.

9. b. 16 mos.

10. b. 18 mos.

11. b. 20 mos.

12. b. 22 mos.

13. b. 24 mos.

14. b. 26 mos.

15. b. 28 mos.

16. b. 30 mos.

17. b. 32 mos.

18. b. 34 mos.

19. b. 36 mos.

20. b. 38 mos.

21. b. 40 mos.

22. b. 42 mos.

23. b. 44 mos.

24. b. 46 mos.

25. b. 48 mos.

26. b. 50 mos.

27. b. 52 mos.

28. b. 54 mos.

29. b. 56 mos.

30. b. 58 mos.

31. b. 60 mos.

32. b. 62 mos.

33. b. 64 mos.

34. b. 66 mos.

35. b. 68 mos.

36. b. 70 mos.

37. b. 72 mos.

38. b. 74 mos.

39. b. 76 mos.

40. b. 78 mos.

41. b. 80 mos.

42. b. 82 mos.

43. b. 84 mos.

44. b. 86 mos.

45. b. 88 mos.

46. b. 90 mos.

47. b. 92 mos.

48. b. 94 mos.

49. b. 96 mos.

50. b. 98 mos.

51. b. 100 mos.

52. b. 102 mos.

53. b. 104 mos.

54. b. 106 mos.

55. b. 108 mos.

56. b. 110 mos.

57. b. 112 mos.

58. b. 114 mos.

59. b. 116 mos.

60. b. 118 mos.

61. b. 120 mos.

62. b. 122 mos.

63. b. 124 mos.

64. b. 126 mos.

65. b. 128 mos.

66. b. 130 mos.

67. b. 132 mos.

68. b. 134 mos.

69. b. 136 mos.

70. b. 138 mos.

71. b. 140 mos.

72. b. 142 mos.

73. b. 144 mos.

74. b. 146 mos.

75. b. 148 mos.

76. b. 150 mos.

77. b. 152 mos.

78. b. 154 mos.

79. b. 156 mos.

80. b. 158 mos.

81. b. 159 mos.

82. b. 160 mos.

83. b. 161 mos.</div

BUREAU U. S.

JAN 19 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

412

CERTIFICATE OF DEATH

Reg. Dist. No. 62

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Caroline MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Denton - Rural		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton - Rural	
LENGTH OF STAY (in this place) Lite		STREET ADDRESS Tuckahoe Neck	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Tuckahoe Neck		(If rural give location) Tuckahoe Neck	
3. NAME OF DECEASED: (Type or Print)	(First) James	(Middle) Washington	(Last) Murray
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLED. MARRIED. WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH: February 2, 1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Farm Laborer	10B. KIND OF BUSINESS OR INDUSTRY: Farming	9. AGE last birthday 71	10. IF UNDER 1 YEAR yrs. 1
11. BIRTHPLACE (State or foreign country): Denton, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: John D. Murray		14. MOTHER'S MAIDEN NAME: Mary C. Goldsborough	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 218-10-4203	
17. INFORMANT & ADDRESS: Evelyn C. Murray, Denton, Md., R.F.D.			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE 331X			
(A) DUE TO Cerebral Hemorrhage			
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(B) DUE TO			
(C)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 0	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg, etc.)	21C. WHERE DID (City or town) Denton INJURY OCCUR? (County) Caroline (State) Maryland
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from April 4, 1956 , to Jan. 3, 1956 , that I last saw the deceased alive on Jan 2, 1956 , and that death occurred at 11:30 A.M. from the causes and on the date stated above. SIGNATURE Ed Paul Kieft ADDRESS Denton Md DATE SIGNED Jan. 4, 1956			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF Jan. 8, 1956	NAME OF CEMETERY OR CREMATORIAL Bell's Chapel Cemetery	LOCATION (City, town, or county) (State) Near Denton, Maryland
DATE REC'D BY LOCAL REGISTRAR 1/7/56	REGISTRAR'S SIGNATURE Wm. O. George	24. FUNERAL DIRECTOR ADDRESS J. J. Frampton and Son, Federalsburg, Md.	

RECEIVED
BUREAU V. S.

JAN 10 1962

413

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

COUNTY Caroline

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Rural Ridgely

LENGTH OF STAY
(in this place)

4 Months

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

None

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland

COUNTY Caroline

CITY (If outside corporate limits, write RURAL and give nearest town)
OR

TOWN Rural Federalsburg

(If rural give location)

/

3. NAME OF
DECEASED:
(Type or Print)

Charles

(Middle)

P. Prattis

(Last)

4. DATE (Month)
OF
DEATH: 1 7 5619
(Day) (Year)

5. SEX:

6. COLOR OR
RACE:
Male Col. 7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify)

8. DATE OF BIRTH:

8/25/1862

9. AGE last birthday

93
yrs.

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HRS.

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):

Retired Farmer

10B. KIND OF BUSINESS
OR INDUSTRY:

None

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT
COUNTRY?

U.S.A.

13. FATHER'S NAME:

Isaac Prattis

14. MOTHER'S MAIDEN NAME:

No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT & ADDRESS:

Denton, Md.
Caroline Co. Welfare Board18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.(A)
DUE TO(B)
DUE TO

(C)

Cerebral Hemorrhage
Cerebral Generalized SclerosisINTERVAL BETWEEN
ONSET AND DEATHII OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH, BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg. etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

M.

21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 17, 1955, to Jan. 7, 1956, that I last saw the deceased
alive on Jan. 6, 1956, and that death occurred at 5 P.M., from the causes and on the date stated above.
SIGNATURE: *Charles H. Green* ADDRESS: *Greensboro, Caroline* DATE SIGNED: *1/15/56*23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

1/10/56

NAME OF CEMETERY OR CREMATORIUM

Denton

LOCATION (City, town, or county)

Denton, Md.

(State)

DATE REC'D BY LOCAL
REGISTRAR

1-10-56

REGISTRAR'S SIGNATURE

Mary E. Laird

4. FUNERAL DIRECTOR

J. E. Bouleau & Sons, Greensboro, Md.

ADDRESS

BUREAU U. S.

100-1000

RECEIVED

414

CERTIFICATE OF DEATH

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Caroline</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR <input checked="" type="checkbox"/> and give nearest town TOWN <u>Hillsboro</u>		STATE <u>Md</u> COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR <input type="checkbox"/> TOWN <u>Hillsboro</u> STREET ADDRESS <u></u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>03</u>		STREET ADDRESS <u></u>	
3. NAME OF DECEASED: (First) <u>Lizzie</u> (Middle) <u></u> (Last) <u>Pritchett</u> (Type or Print)		4. DATE OF DEATH: <u>Jan. 15th 1956</u>	
5. SEX: <u>Fe</u> 6. COLOR OF RACE: <u>teal</u> 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Midover</u>		8. DATE OF BIRTH: <u>Aug. 8th 1883</u> 9. AGE last birthday: <u>72</u> yrs. 10. IF UNDER 1 YEAR 11. IF UNDER 24 HRS. Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u></u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Frank Mathews</u>		14. MOTHER'S MAIDEN NAME: <u>Frances Nelly Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>—</u> (If Yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO.: <u></u> 17. INFORMANT & ADDRESS: <u>Emmy Pritchett - Hillsboro Md</u>	
18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>450.0</u> Immediate cause (a) <u>arteriosclerosis</u> DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause (b) <u></u> DUE TO stating the underlying cause last. (c) <u></u>			
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION: <u>0</u>		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jul. 9, 1956</u> , to <u>Jan 15, 1956</u> , that I last saw the deceased alive on <u>Jan 4, 1956</u> , and that death occurred at <u>9 pm</u> , from the causes and on the date stated above. SIGNATURE <u>Paul Knott</u> (Degree or title) <u>M.D.</u> ADDRESS <u>Denton Md</u> DATE SIGNED <u>1-17-56</u>			
23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF <u>Jan. 18th</u>		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) <u>Hillsboro</u> <u>Caroline</u>	
DATE REC'D BY LOCAL REGISTRAR <u>1/18/56</u>		24. FUNERAL DIRECTOR ADDRESS <u>Wm. George J. Virgil Moore & Sons</u>	
REGISTRAR		ADDRESS	

BUREAU V. S.

JAN 20 1956

RECEIVED

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 62

I. PLACE OF DEATH:

COUNTY *Caroline*CITY (If outside corporate limits, write RURAL
OR, and give nearest town)
TOWN *Rehoboth Beach*

MARYLAND

LENGTH OF STAY
(in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE *Del.*COUNTY *T*CITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWN *Lewes Del*HOSPITAL OR
INSTITUTION OR
STREET ADDRESSSTREET
ADDRESS

(If rural, give location)

3. NAME OF
DECEASED:
(First) *Sally* (Middle) *Edith* (Last) *Scott*4. DATE
OF
DEATH *Jan 29 1956*5. SEX: *F* 6. COLOR OR
RACE *W* 7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): *M* 8. DATE OF BIRTH: *Mar 30 1915*9. AGE last birthday: *40 yrs.* IF UNDER 1 YEAR *Months* *Days* IF UNDER 24 HRS.
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): *Host*10b. KIND OF BUSINESS OR
INDUSTRY: *at home*11. BIRTHPLACE (State or foreign country): *Ind* 12. CITIZEN OF WHAT
COUNTRY? *USA*13. FATHER'S NAME: *Wm Beauschamp*14. MOTHER'S MAIDEN NAME: *Bessie Powell*15. WAS DECEASED EVER IN U.S. ARMED FORCES? *No* 16. SOCIAL SECURITY NO.: *—*17. INFORMANT & ADDRESS: *Robert Scott*

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

(a) DUE TO

*Fractured cervical Vertebrae*INTERVAL BETWEEN
ONSET AND DEATH*immediate*

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating underlying cause last

(b) DUE TO

*Internal injuries**immediate*

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH: *—*

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY *Highway*21c. (City or town) *Rehoboth* (County) *Caroline*(State) *MD*21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY *05 1-29-56 9:25 A.M.*21e. INJURY OCCURRED
While at Not while
work at work

21f. HOW DID INJURY OCCUR?

*Automobile accident - Car turned over*22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .SIGNATURE *Robert J. George*CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM. DATE SIGNED *4/29/56*23. BURIAL, CREMATION,
REMOVAL (Specify): *Removal*DATE THEREOF *1-31-56*NAME OF CEMETERY OR CREMATORIUM *First Presbyterian*LOCATION (City, town, or county) *Lewes, Sussex Del* (State) *Del*DATE REC'D BY LOCAL
REG. *1/29/56*REGISTRAR'S SIGNATURE *Mrs. D. George*24. FUNERAL DIRECTOR *Melson Funeral - Home Lewes Del*

ADDRESS

RECEIVED
FEB 6 1956
BUREAU V. S

416

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY	Caroline	MARYLAND	STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN	Federalsburg	10 years	OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Academy Avenue		
3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)
	Martin		W heatley Jr.
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:
Male	White	Married	September 3, 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10B. KIND OF BUSINESS OR INDUSTRY:	9. AGE last birthday IF UNDER 1 YEAR Months Days 75 yrs.	10. IF UNDER 24 HRS. Hours Min.
Day Laborer	Timber Cutter		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
Martin Wheatley	Rittie Short		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
No	213-22-7869	Mrs. Louise Travers, Federalsburg, Md.	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.1 IMMEDIATE CAUSE			
(A) DUE TO Coronary Thrombosis.			
(B) DUE TO Arteriosclerosis			
(C)			
INTERVAL BETWEEN ONSET AND DEATH 5 Min			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19C.			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) INJURY OCCUR?	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
M.			
22. I hereby certify that I attended the deceased from 1-11, 1956, to 1-11, 1956 that I last saw the deceased alive on 1-11, 1956 and that death occurred at 3:15 PM, from the causes and on the date stated above. SIGNATURE <i>Wheatley</i> ADDRESS DATE SIGNED M.D. Federalsburg, Md. January 13, 1956			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 14, 1956	East New Market Cemetery	East New Market, Md.
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	
Jan. 13, 1956	Margaret H. Frampton	J.J. Frampton and Son, Federalsburg, Md.	

BUREAU V. S.

JAN 16 1955

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-5-10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00411

417

CERTIFICATE OF DEATH

Reg. Dist. No. 62

Items 6,7,Filmgl91 1-21-56 et

1. PLACE OF DEATH

COUNTY

Caroline

MARYLAND

CITY (If outside corporate limits, write RURAL
OR end give nearest town)

TOWN

HOSPITAL OR
INSTITUTION OR
STREET ADDRESSLENGTH OF STAY
(in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE

Penns

COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN

STREET
ADDRESS

(If rural give location)

3. NAME OF
DECEASED
(Type or Print)

(First) Clifford

(Middle)

(Last)

4. DATE
OF
DEATHJan. 10th 1956

5. SEX

6. COLOR OR
RACE (White)7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)

Married

8. DATE OF BIRTH

July 8th 1871

9. AGE last birthday

74 yrs.

10. IF UNDER 1 YEAR

11. IF UNDER 24 HRS.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)10b. KIND OF BUSINESS
OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT
COUNTRY

13. FATHER'S NAME

William H. Widdoes

14. MOTHER'S MAIDEN NAME

Mattie Silware

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

Nelson Rigby, Media

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE

(A)

Coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, (B)
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

Arterio sclerosis

About several years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory;
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
While
M. at work Not while
at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1956, to Jan. 10, 1956, that I last saw the deceased

alive on Jan. 10, 1956, and that death occurred at 4p.m., from the causes and on the date stated above.

SIGNATURE

Paul Knotts

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county)

(State)

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE 1/10/56

M. D. George

J. Virgil Moore

Law & Cuttaw

418

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY **Caroline** MARYLAND
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town)
 TOWN **Federalsburg - Rural** LENGTH OF STAY
 (in this place)
 HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS **Near Oak Grove**

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland** COUNTY **Caroline**
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN **Federalsburg - Rural**
 STREET
 ADDRESS **Near Oak Grove**

3. NAME OF
DECEASED:
(Type or Print)**Ernie****Willis****Willin**4. DATE (Month) (Day) (Year)
DEATH: January 1 1956

5. SEX:

Female6. COLOR OR
RACE:**White**7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify):**Widowed**

8. DATE OF BIRTH:

October 16, 1870

9. AGE last birthday

85

IF UNDER 1 YEAR

Yrs.

IF UNDER 24 HRS.

Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life.
even if retired):**Housework**10B. KIND OF BUSINESS
OR INDUSTRY:**Home**

11. BIRTHPLACE (State or foreign country):

Sussex County, Delaware12. CITIZEN OF WHAT
COUNTRY?**U.S.A.**

13. FATHER'S NAME:

Joshua Baker Bryan

14. MOTHER'S MAIDEN NAME:

Elizabeth Messick15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no or unk.) (If Yes, give war or dates
of service)**No**

16. SOCIAL SECURITY NO.

None

17. INFORMANT & ADDRESS:

Mrs. James M. Harper, Seaford, Del., RFD18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**491X**

IMMEDIATE CAUSE

(A)

DUE TO

BronchopneumoniaINTERVAL BETWEEN
ONSET AND DEATH**10 days**

ANTECEDENT CAUSE (S)

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.**Chronic myositis****10 yrs**

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec. 15, 1955**, to **1/1, 1956**, that I last saw the deceased
alive on **1/1, 1956**, and that death occurred at **12:15A** M, from the causes and on the date stated above.ADDRESS
DATE SIGNED
Jan. 3, 195623. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county) (State)

Burial**Jan. 4, 1956****Bethel Cemetery****Near Federalsburg, Maryland**DATE REC'D BY LOCAL
REGISTRAR

REGISTRAR'S SIGNATURE

Jan. 4, 1956**Margaret H. Frampton**

24. FUNERAL DIRECTOR

ADDRESS

J.J. Frampton and Son, Federalsburg, Md.

BUREAU V. S.

JAN 9 1952

RECEIVED

419

CERTIFICATE OF DEATH

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY STREET ADDRESS (If rural give location)		
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH:			
(First) FRANCES (Middle) MARGARET (Last) Wood		JAN 18 1956			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH: Mar 8, 1885		
9. AGE last birthday: 70 yrs.	10. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Pennsylvania	12. CITIZEN OF WHAT COUNTRY?: USA		
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:		11. INFORMANT & ADDRESS: Mr. Chas. Wood Sr., Denton, Md.			
13. FATHER'S NAME: Peter Bock		14. MOTHER'S MAIDEN NAME: Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Mr. Chas. Wood Sr., Denton, Md.			
18. MEDICAL CERTIFICATION					
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X Immediate cause (a) ... Cerebral Hemorrhage Antecedent causes (s) (b) ... Hypertension Diseases or conditions, if any, (c) ... giving rise to the above cause stating the underlying cause last.					
Interval Between Onset And Death Five months 11 years.					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		12. AUTOPSY ? Yes <input type="checkbox"/> No <input type="checkbox"/>			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE INJURY		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) m.	INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR ?		
22. I hereby certify that I attended the deceased from Jan. 2, 1956, to Jan. 18, 1956, that I last saw the deceased alive on Jan. 18, 1956, and that death occurred at 9:20 pm, from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED Paul Knott M.D. Jan. 20, 1956					
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
6/20/56		John O. George	J. V. Vayle More & Son, Denton, Md.		

BUREAU V. S.

JAN 24 1956

RECEIVED

420

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

COUNTY Caroline MARYLAND
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town)
 TOWN Federalsburg - Rural LENGTH OF STAY
 (in this place)
 HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS Denton Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Caroline
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN Federalsburg - Rural
 STREET ADDRESS Denton Road
 (If rural give location)

3. NAME OF (First) (Middle) (Last)

DECEASED: (Type or Print) William Edward Woods

4. DATE (Month) (Day) (Year)
 OF DEATH: January 10 1956

5. SEX: 6. COLOR OR 7. SINGLE, MARRIED,
 RACE: WIDOWED, DIVORCED,
 (Specify): Male Colored Single January 8, 1956

8. DATE OF BIRTH: 9. AGE last birthday
 10. USUAL OCCUPATION (Give kind of
 work done during most of working life,
 even if retired): Infant 10B. KIND OF BUSINESS
 OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
 COUNTRY? Easton, Maryland U.S.A.

13. FATHER'S NAME: William Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
 (Yes, no, or unk.) (If Yes, give war or dates
 of service) 0 No

16. SOCIAL SECURITY NO. None

14. MOTHER'S MAIDEN NAME:
 Annie Woods

17. INFORMANT & ADDRESS:
 Annie Woods. Federalsburg, Md., R.F.D.

18. MEDICAL CERTIFICATION
 I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

763.5
 IMMEDIATE CAUSE

(A)
 DUE TO

Aspiration Pneumonia

INTERVAL BETWEEN
 ONSET AND DEATH

4 hrs.

ANTECEDENT CAUSE (S)

(B)
 DUE TO

DISEASES OR CONDITIONS, IF ANY,
 GIVING RISE TO THE ABOVE CAUSE
 STATING UNDERLYING CAUSE LAST.

(C)

Prematurity (36 weeks)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
 TO THE DEATH BUT NOT RELATED TO THE
 DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
 (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory,
 OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town)
 INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
 OF INJURY

21E. INJURY OCCURRED
 While Not while
 at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10, 1956 to 1/10, 1956, that I last saw the deceased

alive on 1/10, 1956, and that death occurred at 9:15 PM, from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

Frank M. Anderson Federalsburg, Md. Jan. 13, 1956

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)
 REMOVAL (SPECIFY) Burial Jan. 14, 1956 Federal Hill Cemetery Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS
 REGISTRAR Jan. 13, 1956 Margaret H. Frampton J.J. Frampton and Son, Federalsburg, Md.

BUREAU V. S

JAN 16 1956

RECEIVED